

REST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 691494.877	FILING DATE 01-31-02					
							APPLICANT(S)						
7/31/00 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3				1			53						
4		1		1			54						
5				1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14	1		1				64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25	1		1				75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33	1		1				83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43	1		1				93						
44				1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49							99						
50							100						
TOTAL IND.	5		5				TOTAL IND.						
TOTAL DEP.	43		24				TOTAL DEP.						
TOTAL CLAIMS	48		29				TOTAL CLAIMS						